



TRANSMITTAL OF UTILITY APPLICATION UNDER 37 C.F.R. §1.53

Attorney Docket No.	24641-7005B	Pro 1
First named inventor	CHOBOTOV, Michael V.	J.S. 9164
Express mail label #	EL870640047US	978 10/0
Date of mailing	March 5; 2002	Ja

Application Elements	Accompanying Application Papers		
1. [X] Fee Transmittal Form	6. [X] Copy of assignment from prior application (unexecuted)		
2. [X] Specification containing <u>48</u> pages (including claims and Abstract), and <u>1</u> cover sheet.	7. [X] Small Entity Status is claimed 8. [] Preliminary Amendment		
a. Title: ADVANCED ENDOVASCULAR GRAFT	9. [X] Return Receipt Postcard		
b. Number of claims: <u>33</u>			
3. [X] 14 sheets of drawings with 15 Figures.			
4. [X] Copy of Declaration from parent application (unexecuted)			
5. [] Sequence Listing			
[] Paper copy (identical to computer copy)			
[] Computer readable copy			
[] Verified statement			
	SIGNATURE OF ATTORNEY/AGENT		
	HELLER EHRMAN WHITE & MCAULIFFE LLP		
	William B. Anderson Registration Number: 41,585		

[X] This is a continuation under 37 C.F.R. §1.53(b) of U.S. Patent Application Serial No. 10/029,559, filed December 20, 2001, which is related to U.S. Patent Application Serial Nos. 10/029,570, filed December 20, 2001; 10/029,584, filed December 20, 2001; and, 10/029,557, filed December 20, 2001.

CORRESPONDENCE ADDRESS				
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FEE CALCULATION FOR CLAIMS SUBMITTED

a)	Basic Fee	\$_	740.00
b)	Independent Claims $3 - 3 = 0 \times 84.00	\$_	0.00
c)	Total Claims $33 - 20 = 13 \times 18.00	\$_	234.00
d)	Fee for Multiple Dependent Claims - \$280.00	\$_	0.00
	TOTAL FILING FEE	s_	974.00

[X] Status as Small Entity is claimed, reducing Fee by one-half to

\$487.00

- [X] A check in the amount of \$487.00 to cover the fee for filing the application.
- [] Charge \$.00 to Deposit Account No. 50-1213.
- [X] The Commissioner is hereby authorized to charge any fees, including the filing fee and excess claims fee, that may be required in this application under 37 C.F.R. §§ 1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 50-1213. If proper payment is not enclosed, such as a check in the wrong amount, unsigned, post-dated, otherwise improper or informal, or absent, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-1213 during the entire pendency of this application. This sheet is filed in duplicate.

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Typed or printed name	William B. Anderson			Reg. Number	41,585
Signature	asca	Date	03/05/02	Deposit Account	50-1213